

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jill Boyett

Signature of Treasurer

Jill Boyett

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		209321.69
(b) Cash on Hand at Beginning of Reporting Period.....	225980.61	
(c) Total Receipts (from Line 19)	103255.29	486886.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	329235.90	696207.97
7. Total Disbursements (from Line 31)	71.05	367043.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	329164.85	329164.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 11 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 11 / 30 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

87373.82

406067.19

(ii) Unitemized

15881.47

80819.09

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

103255.29

486886.28

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

103255.29

486886.28

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

103255.29

486886.28

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

103255.29

486886.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	71.05	815.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	71.05	815.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	365700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	527.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	527.50
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71.05	367043.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71.05	367043.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	103255.29	486886.28
34. Total Contribution Refunds (from Line 28(d))	0.00	527.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103255.29	486358.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	71.05	815.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	71.05	815.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Aaberg Jr.

Mailing Address 2081 Hunters Run NE

City	State	Zip Code
Ada	MI	49301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2015

Transaction ID : 57479133-0CDC-4330-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Abramson

Mailing Address 101 Central Park W Apt 12-F

City	State	Zip Code
New York	NY	10023-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	16	/	2015

Transaction ID : DD7A8CDA-5C68-4E64-8

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

C. David Aizuss

Mailing Address 16311 Ventura Blvd Ste 750

City	State	Zip Code
Encino	CA	91436-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2015

Transaction ID : DD4D0ED7-10EE-4DEA-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1545.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Matthew Appenzeller

 Mailing Address 210 S 16th St
 Apt 706

City	State	Zip Code
Omaha	NE	68102

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2015

Transaction ID : F5290372-A18F-4191-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Everton Arrindell

Mailing Address 9269 Wardley Park Lane

City	State	Zip Code
Brentwood	TN	37027-8525

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2015

Transaction ID : AD7C2BFC-4A0C-4F32-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. George Arzeno

Mailing Address PO Box 361142

City	State	Zip Code
San Juan	PR	00936-1142

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : BA4D1CB2-652C-4325-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 77
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Awner

Mailing Address 3980 Sheridan Dr Ste 402

City State Zip Code
 Amherst NY 14226-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2015

Transaction ID : E4DACB05-88AA-49C5-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carl Baker

Mailing Address 1903 Broadway St

City State Zip Code
 Paducah KY 42001-7105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 781525B8-DD74-481B-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tracy Baltz

Mailing Address 201 Executive Ct

City State Zip Code
 Little Rock AR 72205-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 19 / 2015

Transaction ID : 14B9BFF7-0E85-4848-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ray Balyeat

Mailing Address 2000 S Wheeling Ave Ste 400

City	State	Zip Code
Tulsa	OK	74104-5641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : 9D814B6D-D6CC-4B26-B

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Gregg Bannett

Mailing Address 620 N Broad St, 2nd Floor

City	State	Zip Code
Woodbury	NJ	08096-1795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : 4588D31A-867D-4EA4-A

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Laurie Gray Barber

Mailing Address 10 River Oaks Cir

City	State	Zip Code
Little Rock	AR	72207-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

Transaction ID : 4D896E4C-76E9-4ACC-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

664.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ivan Battle

Mailing Address 14105 Meadow Lane

City

Leawood

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

Transaction ID : 2F7683FF-3222-4849-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. William Bearden

Mailing Address 400 Westhampton Sta

City

Richmond

State

VA

Zip Code

23226-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

Transaction ID : 47786F1B-8986-4DE0-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donald Benefield

Mailing Address 14225 Dedeaux Rd

City

Gulfport

State

MS

Zip Code

39503-3369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

Transaction ID : 4ABEBFF0-4445-499F-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ▶

333.34

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Berestka

Mailing Address 3400 W Calhoun Pkwy

City

Minneapolis

State

MN

Zip Code

55416-4656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

Transaction ID : 084CE54E-7916-47A9-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel Bernstein

Mailing Address 451 Ruin Creek Rd Ste 204

City

Henderson

State

NC

Zip Code

27536-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

Transaction ID : 88AFAB4A-D1A5-42EC-9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Janet Betchkal

Mailing Address 3 Shircliff Way Bldg Ste 134

City

Jacksonville

State

FL

Zip Code

32204-4757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

Transaction ID : 0E18ABB6-C9AF-4CAD-8

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

1031.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Bishop

Mailing Address 4707 Everhart Rd Ste 108

City	State	Zip Code
Corpus Christi	TX	78411-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	03	/	2015

Transaction ID : 346B86CB-51FE-4BC8-9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. John Bishop

Mailing Address 4707 Everhart Rd Ste 108

City	State	Zip Code
Corpus Christi	TX	78411-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2015

Transaction ID : 8A6AD1D6-3BFC-4253-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Mark Blecher

Mailing Address 1703 S Broad St

City	State	Zip Code
Philadelphia	PA	19148-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : 63A217FE-DC26-4911-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1165.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Bogorad

Mailing Address 2509 Walton Way

City State Zip Code
 Augusta GA 30904-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.58

Date of Receipt

11 / 30 / 2015

Transaction ID : 6A5030D7-9306-40EA-9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Michael Borne

Mailing Address 1200 N State St Ste 300

City State Zip Code
 Jackson MS 39202-2473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2015

Transaction ID : EF6D4482-934A-4580-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Bradbury

Mailing Address 63 Lincoln St

City State Zip Code
 Worcester MA 01605-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 866152C5-77A0-4250-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Chadwick Brasington

Mailing Address 1016 Kirkpatrick Rd

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2015

Transaction ID : BABA0162-7192-4FE3-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. James Gerard Brooks Jr.

Mailing Address 2616 Warm Springs Rd

City

Columbus

State

GA

Zip Code

31904-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2015

Transaction ID : 85B095CE-EFC5-49B0-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Russ Burcham

Mailing Address 750 Potomac St Ste 223

City

Aurora

State

CO

Zip Code

80011-6744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 65B63BFD-1DC9-49A6-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Burchfield

Mailing Address 9087 Stonybrook Blvd.

City State Zip Code
 Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 30 / 2015

Transaction ID : 19B0266F-2CFE-4359-B

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Henry Burnett

Mailing Address 110 Oakwood Dr Ste 380

City State Zip Code
 Winston Salem NC 27103-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 14 / 2015

Transaction ID : B9461ED6-4D88-486D-A

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Brandon Busbee

Mailing Address 345 23rd Ave N Ste 350

City State Zip Code
 Nashville TN 37203-1596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2015

Transaction ID : BDC42F48-D818-4EE9-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1145.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Cabin

Mailing Address 1555 Barrington Rd Ste 120

City	State	Zip Code
Hoffman Estates	IL	60169-1062

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 25 / 2015

Transaction ID : A8A64545-EB49-432E-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith Carter

Mailing Address 200 Hawkins Dr

City	State	Zip Code
Iowa City	IA	52242-1009

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 14 / 2015

Transaction ID : 36382991-F5B8-4BE4-9

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. D. Alan Chandler

Mailing Address 10271 Matthews Grove Ln

City	State	Zip Code
Mechanicsville	VA	23116-5151

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 754FA22B-9F14-466E-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Donald Cinotti

Mailing Address 600 Pavonia Ave Ste 6

City

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

11 / 15 / 2015

Transaction ID : BCD1454C-4CBD-4336-A

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

B. Robert Clark

Mailing Address 1252 Hidden Lake Drive

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2015

Transaction ID : 1CBF8AED-E3DD-46DA-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Atif Collins

Mailing Address 11100 Euclid Ave

City

Cleveland

State

OH

Zip Code

44106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 25 / 2015

Transaction ID : FB5E2DAE-2D4C-4DC2-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

916.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Conahan

Mailing Address 9330 S University Blvd Ste 220

City	State	Zip Code
Highlands Ranch	CO	80126-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			25			2015					

Transaction ID : 5E260AE8-3C20-4023-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Mandi Conway

Mailing Address 10650 W Tropicana Cir

City	State	Zip Code
Sun City	AZ	85351-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			16			2015					

Transaction ID : 8871A374-8951-4B4A-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Atys Cope

Mailing Address PO Box 239

City	State	Zip Code
Statesboro	GA	30459-0239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			15			2015					

Transaction ID : E9417C19-22D6-4AAC-A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

656.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gregory Cox

Mailing Address 2 Hamilton Health Pl

City

Hamilton

State

NJ

Zip Code

08690-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2015

Transaction ID : 267F6AE1-9549-43BE-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. James Croley III

Mailing Address 613 Del Prado Blvd

City

Cape Coral

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.39

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2015

Transaction ID : EDB0E3D2-D5F0-4A02-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Kimberly Crowder

Mailing Address 4156 Dogwood Drive

City

Jackson

State

MS

Zip Code

39211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2015

Transaction ID : A76F15AC-6F6F-4919-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

448.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Martha Damaske Snearly

Mailing Address 8055 Twin Oaks Drive

City	State	Zip Code
Broadview Heights	OH	44147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

Transaction ID : 283F4348-ED72-415F-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Linda Day

Mailing Address 6309 Evanston Ave N

City	State	Zip Code
Seattle	WA	98103-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : EEE80DBE-EC63-46F6-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kevin Denny

Mailing Address 2201 Webster St

City	State	Zip Code
San Francisco	CA	94115-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2015

Transaction ID : 034D9E5F-91F3-4D74-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Anna Luisa Di Lorenzo

Mailing Address 1393 fairfax

City State Zip Code
 birmingham MI 48009

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : 57821E8B-5366-43E3-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven Dingeldein

Mailing Address 1016 Kirkpatrick Rd

City State Zip Code
 Burlington NC 27215-9714

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2015

Transaction ID : 29CCD6BF-E52B-45FE-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Ditkoff

Mailing Address 755 Park Ave

City State Zip Code
 New York NY 10021

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : 502CE443-4858-4DF8-A

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

2199.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Patrick Droste

Mailing Address 4460 Oakleaf Drive SE

City

Grand Rapids

State

MI

Zip Code

49546-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 14 / 2015

Transaction ID : F2ED5A24-17CF-4837-A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Srinivas Dutt

Mailing Address 21224 Sky Vista Dr

City

Land O Lakes

State

FL

Zip Code

34637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

11 / 15 / 2015

Transaction ID : B5D556EE-3510-4A24-8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Edelstein

Mailing Address 2905 W Warner Rd Ste 20

City

Chandler

State

AZ

Zip Code

85224-1674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2015

Transaction ID : B09D5F55-322D-4075-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Ehlers

Mailing Address 125 Secret Lake Rd

City

Avon

State

CT

Zip Code

06001-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

374.99

Date of Receipt

11 / 30 / 2015

Transaction ID : 392184F6-4F31-4E85-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Warren Fagadau

Mailing Address 6131 Luther Ln Ste 216

City

Dallas

State

TX

Zip Code

75225-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 2CD86A95-4034-4262-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matthew Farber

Mailing Address 7900 W Jefferson Blvd Ste 300

City

Fort Wayne

State

IN

Zip Code

46804-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : B8011FA2-6A0D-42C7-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2041.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Matthew Farber

Mailing Address 7900 W Jefferson Blvd Ste 300

City	State	Zip Code
Fort Wayne	IN	46804-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : 7F5300EA-3ADF-4D73-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stan Feil

Mailing Address 112 N Akers St Ste A

City	State	Zip Code
Visalia	CA	93291-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : 51E4FC62-CF13-409C-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Finegan

Mailing Address 236 Roseberry St

City	State	Zip Code
Phillipsburg	NJ	08865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : 7A29C920-7595-419B-B

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)..... ►

1083.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Martin Fishman

Mailing Address 431 Monterey Ave Ste 3

City	State	Zip Code
Los Gatos	CA	95030-5319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

Transaction ID : C0C972C7-4024-4590-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laura Fox

Mailing Address 416 North Bedford #300

City	State	Zip Code
Beverly Hills	CA	90210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

Transaction ID : 278F97EA-35A2-4B94-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Garland

Mailing Address 2500 MARTIN LUTHER KING JR BLVD

City	State	Zip Code
Panama City	FL	32405-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : 3F78C86B-285D-4FA8-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Blake Geren

Mailing Address 3120 S. 57th St.

City	State	Zip Code
Fort Smith	AR	72903

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

Transaction ID : B81345A6-1BA9-4C37-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Sidney Gicheru

Mailing Address 440 W Lbj Fwy Ste 300

City	State	Zip Code
Irving	TX	75063-3841

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

Transaction ID : 0C03DA01-1B50-4F88-B

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Vincent Mark Gioia

Mailing Address 2230 Sunset Blvd Ste 1

City	State	Zip Code
Steubenville	OH	43952-2404

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2015

Transaction ID : 1F38792E-FE23-49E1-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Victor Gonzalez

Mailing Address P.O. Box 4830

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : D1916FDF-3D13-4243-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter Gordon

Mailing Address PO Box 1798

City

Decatur

State

GA

Zip Code

30031-1798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 25096983-C09B-45CE-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert Green Jr.

Mailing Address 414 Navarro St Ste 400

City

San Antonio

State

TX

Zip Code

78205-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 15 / 2015

Transaction ID : 66838449-377E-4C24-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 77
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Erich Groos

Mailing Address 2400 Patterson Ste 201

City State Zip Code
 Nashville TN 37203-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 25 / 2015

Transaction ID : E783285F-D78D-4704-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Gross

Mailing Address 7620 Trenholm Road Ext

City State Zip Code
 Columbia SC 29223-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2015

Transaction ID : 2AEDB5E4-BF1E-46F8-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Julia Haller

Mailing Address 840 Walnut St Ste 1510

City State Zip Code
 Philadelphia PA 19107-5599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 8607847F-E323-4D6F-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mireille Hamparian

Mailing Address 950 Arden Rd

City

Pasadena

State

CA

Zip Code

91106-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

Transaction ID : 8EDFD8BA-A188-479C-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel Hanson

Mailing Address 109 N Pine St

City

Ellensburg

State

WA

Zip Code

98926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : C8511D3F-F350-4445-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Harbin

Mailing Address PO Box 989

City

Rome

State

GA

Zip Code

30162-0989

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : 785968F8-447E-4304-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. R. Lowell Hardcastle

Mailing Address 1000 W Kingshighway Ste 5

City

Paragould

State

AR

Zip Code

72450-4197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 03 / 2015

Transaction ID : E6E85F75-A511-48BD-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. H. King Hartman

Mailing Address 516 Pellis Rd

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

11 / 12 / 2015

Transaction ID : 14BBBD88-1898-41B0-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Bernhard Heersink

Mailing Address 21 Highland Ave Ste 1

City

Newburyport

State

MA

Zip Code

01950-3873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 19 / 2015

Transaction ID : F1BD7BBF-CC25-4840-9

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

814.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Patrick Higgins

Mailing Address 33 N Pleasant Ave

City

Ridgewood

State

NJ

Zip Code

07450-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2015

Transaction ID : 01470121-36C6-4193-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen Higgins

Mailing Address 3412 W Centre Ave

City

Portage

State

MI

Zip Code

49024-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2015

Transaction ID : 3D18F141-3DC9-4F40-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Mujahid Hines

Mailing Address 4216 Vista Terrace Dr.

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2015

Transaction ID : 31EA5C75-9A40-4375-8

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

572.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nancy Holekamp

Mailing Address 1815 Clarkson Road

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2015

Transaction ID : CA0A44C4-8C26-43CE-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Peter HovlandMailing Address 8101 E. Lowry Blvd
Ste 210

City	State	Zip Code
Denver	CO	80230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : 0F8113B2-BED6-41A4-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Hudock

Mailing Address 154 White Birch Lane

City	State	Zip Code
Sayre	PA	18840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2015

Transaction ID : E6C98AE3-977C-4D52-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1730.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Edward Isbey III

Mailing Address 8 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

Transaction ID : 9BF808AC-2084-4949-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Izbrand

Mailing Address 1750 Pine St Ste 4

City

Abilene

State

TX

Zip Code

79601-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

Transaction ID : 3D2A5BE0-EC11-493B-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anthony Pruett Johnson

Mailing Address 601 Halton Rd

City

Greenville

State

SC

Zip Code

29607-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

Transaction ID : E9D14B21-0AE7-49D1-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Johnson

Mailing Address 110 Med Tech Pkwy

City

Johnson City

State

TN

Zip Code

37604-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			28			2015					

Transaction ID : 20DFF30A-3A96-44F0-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alan Jordan

Mailing Address 149 Pierrepont Street

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			15			2015					

Transaction ID : B61E2189-BE57-4FCD-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephen Kamenetzky

Mailing Address 340 New Salem Dr

City

St Louis

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			13			2015					

Transaction ID : 2CB73A9E-7598-4C4F-8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Kato

Mailing Address 2020 Fleischmann Rd

City State Zip Code
Tallahassee FL 32308-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.33

Date of Receipt

11 / 15 / 2015

Transaction ID : BDA7EE47-0977-40DE-B

Amount of Each Receipt this Period

41.63

Full Name (Last, First, Middle Initial)

B. Sanjay Kedhar

Mailing Address 7 S Oxford St Apt 2

City State Zip Code
Brooklyn NY 11217-1357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2015

Transaction ID : 717C5CB7-4D59-4E94-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tosca Kekish

Mailing Address 1532 N Loomis St

City State Zip Code
Naperville IL 60563-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2015

Transaction ID : 8C771246-848D-4218-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Kennedy

Mailing Address 909 Gravier St
Apt 2015

City State Zip Code
New Orleans LA 70112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 25 / 2015

Transaction ID : 960C1D81-FE0E-4A6A-9

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. John Kennedy

Mailing Address 1675 Providence Ave

City State Zip Code
Schenectady NY 12309-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 442C943D-9B79-4EB0-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tae Kim

Mailing Address 11829 South St Ste 202

City State Zip Code
Cerritos CA 90703-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 04 / 2015

Transaction ID : EEF2C13B-EB7C-416E-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

949.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Laura King

Mailing Address 225 N Columbus Dr Apt 6705

City State Zip Code
 Chicago IL 60601-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 30 / 2015

Transaction ID : 6FE4B9FD-9A6D-4E53-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Steven Kirkham

Mailing Address 1462 Marion Waldo Rd

City State Zip Code
 Marion OH 43302-7422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 7BBE48A3-F542-45C8-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jerry Knauer III

Mailing Address 2535 Riverside Ave

City State Zip Code
 Jacksonville FL 32204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2015

Transaction ID : 160855C3-109A-42D4-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1530.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Douglas Koch

Mailing Address 6565 Fannin St

City State Zip Code
 Houston TX 77030-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2015

Transaction ID : 5FDDE097-E66F-4090-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sylvia Kodsi

Mailing Address 300 E 33rd St Apt 21M

City State Zip Code
 New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 12 / 2015

Transaction ID : B552A3D8-BA97-44D0-B

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Yannis Kolettis

Mailing Address 8921 N Wood Sage Rd

City State Zip Code
 Peoria IL 61615-7822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 1ACBB2FF-5490-49AE-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1199.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Derek Kuhl

Mailing Address 2806 E 29th St

City State Zip Code
Bryan TX 77802-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : 15A3EFF4-74B9-4FEB-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Kung

Mailing Address 23 Oceanic Ave

City State Zip Code
Staten Island NY 10312-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : 8D8E8F81-14D7-4C98-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott Lanoux

Mailing Address 4324 Veterans Blvd Suite 107

City State Zip Code
Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2015

Transaction ID : A5C5D0D4-0053-47D5-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mary Lawrence

Mailing Address 19545 Hampshire Ct.

City State Zip Code
 Prior Lake MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

11 / 30 / 2015

Transaction ID : B715194C-9355-4EDF-9

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

B. Russell Leboyer

Mailing Address 1492 Scott Ave

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 23 / 2015

Transaction ID : 430615DE-27AB-4431-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Andrew Lee

Mailing Address 6560 Fannin St Scurlock 450
 Blanton Eye Ins

City State Zip Code
 Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

11 / 16 / 2015

Transaction ID : BE36BB6A-664B-4146-A

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1046.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Lee

Mailing Address 880 Delbon Ave

City State Zip Code
 Turlock CA 95382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

11 / 25 / 2015

Transaction ID : 23471400-3CE5-4B67-8

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. Julie Lee

Mailing Address 3950 Kresge Way Ste 105

City State Zip Code
 Louisville KY 40207-4637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

11 / 15 / 2015

Transaction ID : AB9C2F57-D65D-4F65-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Katherine Lee

Mailing Address 222 N 2nd St Ste 215

City State Zip Code
 Boise ID 83702-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : FFDB7847-E742-4C90-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

782.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Lee

Mailing Address 491 30th St Ste 201

City State Zip Code
Oakland CA 94609-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2015

Transaction ID : 4C44BA40-1476-456C-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gareth Lema

Mailing Address 81 Cleveland Ave

City State Zip Code
Buffalo NY 14222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2015

Transaction ID : 1C506051-C614-4FDB-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Darrin Levin

Mailing Address 29201 Telegraph Rd, Ste 606

City State Zip Code
Southfield MI 48034-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

11 / 30 / 2015

Transaction ID : 5A37F733-C1FD-4AAD-B

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1030.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Levine

Mailing Address 19271 Montgomery Village Ave Ste H

City State Zip Code
Montgomery Village MD 20886-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 12 / 2015

Transaction ID : 05A15F7E-9F11-4883-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Lipsky

Mailing Address 11550 Fuqua St Ste 205

City State Zip Code
Houston TX 77034-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 13 / 2015

Transaction ID : D5975A41-AD2A-44DD-B

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Loren Little

Mailing Address 2090 E Flamingo Rd Ste 100

City State Zip Code
Las Vegas NV 89119-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 19 / 2015

Transaction ID : 40E566D0-8C3B-4E07-B

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Mack

Mailing Address 150 Taylor Station Rd Ste 150

City	State	Zip Code
Columbus	OH	43213-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : 7152C741-E8EF-4111-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Ben Mahan

Mailing Address 926 N Jackson St

City	State	Zip Code
Tullahoma	TN	37388-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

Transaction ID : 2768A236-F766-4106-A

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Ray Maizel

Mailing Address 2224 Alaqua Dr

City	State	Zip Code
Longwood	FL	32779-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : 53F33DB5-944F-4E54-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

572.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Mandel

Mailing Address 1237 B St

City State Zip Code
 Hayward CA 94541-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

11 / 30 / 2015

Transaction ID : E682C00C-2F7F-41E0-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Sid Mandelbaum

Mailing Address 178 East 71st Street

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2015

Transaction ID : 764320EB-DBAD-461C-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephanie Jones Marioneaux

Mailing Address 1013 Eden Way N Ste E

City State Zip Code
 Chesapeake VA 23320-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 89C13EA3-AC3C-48C7-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephanie Jones Marioneaux

Mailing Address 1013 Eden Way N Ste E

City State Zip Code
 Chesapeake VA 23320-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 9FABADDB-E200-4F04-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elias Mavrofrides

Mailing Address 1025 Primera Blvd

City State Zip Code
 Lake Mary FL 32746-2175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 13 / 2015

Transaction ID : D9C55507-C470-49D7-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Bobby McCullen

Mailing Address 2325 Aberdeen Blvd Ste A

City State Zip Code
 Gastonia NC 28054-0642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2015

Transaction ID : FAEED013-27B0-429F-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 77
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daryl Lee McDaniel

Mailing Address 1400 Dowell Springs Blvd Ste 310

City State Zip Code
 Knoxville TN 37909-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 10 / 2015

Transaction ID : 411441F5-A6AF-4178-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daryl Lee McDaniel

Mailing Address 1400 Dowell Springs Blvd Ste 310

City State Zip Code
 Knoxville TN 37909-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 1E801C91-6F7D-46AE-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Marguerite McDonald

Mailing Address 360 Merrick Rd Fl 3

City State Zip Code
 Lynbrook NY 11563-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2015

Transaction ID : E3036C48-EAE1-4D06-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. J. Kevin McKinney

Mailing Address 10668 SE Waterford Ct

City State Zip Code
Happy Valley OR 97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2015

Transaction ID : AFE991F8-E2BC-416A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nick McLane

Mailing Address 317 Saint Francis Dr Ste 330

City State Zip Code
Greenville SC 29601-3914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

11 / 19 / 2015

Transaction ID : AFAE2E60-79F4-47B8-9

Amount of Each Receipt this Period

865.00

Full Name (Last, First, Middle Initial)

C. Robert Melendez

Mailing Address 7227 CORRALES RD

City State Zip Code
CORRALES NM 87048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.27

Date of Receipt

11 / 30 / 2015

Transaction ID : 3C60BD0A-D182-4598-B

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1395.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Edward Edward Migliori

Mailing Address 392 Rochambeau Avenue

City	State	Zip Code
Providence	RI	02906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2015

Transaction ID : 9F3269F2-20AE-4686-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Aaron Miller

Mailing Address 1699 Research Forest Dr Ste 150

City	State	Zip Code
Shenandoah	TX	77380-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B18C5F8F-831C-491C-B

Amount of Each Receipt this Period

4.17

Full Name (Last, First, Middle Initial)

C. Amalia Miranda

Mailing Address 3435 NW 56th St Ste 700

City	State	Zip Code
Oklahoma City	OK	73112-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B77914FB-2125-4E62-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

170.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul Mitchell

Mailing Address 366 Colt Hwy Rte 6

City	State	Zip Code
Farmington	CT	06032-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : 8A422663-0113-467F-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Murphy

Mailing Address 5202 Faraon St

City	State	Zip Code
St Joseph	MO	64501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : FD1B153F-92B0-448C-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Murphy

Mailing Address 5202 Faraon St

City	State	Zip Code
St Joseph	MO	64501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2015

Transaction ID : 31355C32-7AA3-4D28-A

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 77
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Eric Nelson

Mailing Address 6405 France Ave S Ste W460

City State Zip Code
 Edina MN 55435-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 60C1DDE5-7683-442C-B

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Catherine Newton

Mailing Address 6420 Dutchmans Pkwy Ste 170

City State Zip Code
 Louisville KY 40205-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2015

Transaction ID : A6ED2181-FC3C-48FA-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vanessa Ngakeng

Mailing Address 49 Boulevard SE Apt 669

City State Zip Code
 Atlanta GA 30312-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 19 / 2015

Transaction ID : 77D56A9C-CFD0-4F7A-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Juan Carlos Nieto

Mailing Address 2140 John F Kennedy Rd

City State Zip Code
 Dubuque IA 52002

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 10 2015

Transaction ID : 72952481-19BB-4554-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. T. Michael Nork

Mailing Address 17 Hickory Hollow Dr

City State Zip Code
 Madison WI 53705

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 10 2015

Transaction ID : 653D6157-D151-40B1-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Corey Notis

Mailing Address 155 Morris Ave
Suite 302

City State Zip Code
 Springfield NJ 07081-1224

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 09 2015

Transaction ID : 18B7F91D-D3D2-41D0-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael O'Brien

Mailing Address 152 Crompton Avenue, #5

City State Zip Code
 East Greenwich RI 02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 910D59C9-1D8F-418B-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael Oats

Mailing Address 50 Staniford St Ste 600

City State Zip Code
 Boston MA 02114-2587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 10 / 2015

Transaction ID : 533515AB-1D9B-4645-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Lanny Odin

Mailing Address 5109 Blackwolf Rd

City State Zip Code
 Springfield IL 62711-7894

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 44BBE0FD-31B1-4545-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Emil Mitchel Opremcak

Mailing Address 262 Neil Ave Ste 220

City	State	Zip Code
Columbus	OH	43215-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : 8A5B9CCC-13E6-4F96-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen Orr

Mailing Address 8377 Lakewood Dr

City	State	Zip Code
Findlay	OH	45840-8885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : E19F54C7-FE81-4C10-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard Ou

Mailing Address 3767 Georgetown St

City	State	Zip Code
Houston	TX	77005-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : BC1901B1-2255-489A-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Ozog

Mailing Address 1417 9th St S Ste 100

City State Zip Code
 Great Falls MT 59405-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 30 / 2015

Transaction ID : CA212AB7-0F63-40D4-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Kirk Packo

Mailing Address 6313 Pontiac Dr

City State Zip Code
 Indian Head Park IL 60525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2015

Transaction ID : BBB4F050-D5EF-4568-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Philip Paden

Mailing Address 221 W Stewart Ave Ste 110
 Ste 110

City State Zip Code
 Medford OR 97501-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 09 / 2015

Transaction ID : D7208D33-D0A2-42C5-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1395.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 77
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brenda Pagan-Duran

Mailing Address 45 Twin Brooks Rd

City
Saddle RiverState
NJZip Code
07458-3322FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2015			

Transaction ID : 48CF981A-E4CD-47E4-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Timothy Page

Mailing Address 1234 Willow Ln

City
BirminghamState
MIZip Code
48009-7008FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : 03E0CF56-367A-4890-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Regine Pappas

Mailing Address 1649 W Eau Gallie Blvd Ste 100

City
MelbourneState
FLZip Code
32935-4160FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : 4B35EC68-4C48-40B2-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1406.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Park

Mailing Address 1615 Olmsted Drive

City State Zip Code
 Ashville NC 28803

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 14 / 2015

Transaction ID : 575B45EA-A795-42D6-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anne Parker

Mailing Address 200 Patewood Dr Ste B180

City State Zip Code
 Greenville SC 29615-6316

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 14 / 2015

Transaction ID : AE500B15-4CE0-42E3-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Shamil Patel

Mailing Address 6677 W Thunderbird Road
 Bldg F, Ste 101

City State Zip Code
 Glendale AZ 85306

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : 11C80B8C-0BF0-4E1E-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 77
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Peter Pavan

Mailing Address 4414 Dale Ave

City State Zip Code
 Tampa FL 33609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2015

Transaction ID : 7DE14CF1-4481-43DD-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Randall Peairs

Mailing Address 200 Mifflin Ave

City State Zip Code
 Scranton PA 18503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2015

Transaction ID : D641B4A6-6A6D-44DB-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Peterson

Mailing Address 700 W Kent Ave

City State Zip Code
 Missoula MT 59801-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 898AD631-2026-471B-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Abraham Poulouse

Mailing Address 6408 Locust St

City
ShawneeState
KSZip Code
66218-9067FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2015

Transaction ID : 35CFFCE4-EDE2-498A-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Ranz

Mailing Address 171 Heritage Park Dr

City

Murfreesboro

State

TN

Zip Code

37129-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2015

Transaction ID : 4ED3F4ED-D698-44AD-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marta Recasens

Mailing Address 3593 Lincoln Ave

City

Altadena

State

CA

Zip Code

91001-3831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : 20CE0BD5-4399-4696-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 77
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Reichstein

Mailing Address 4402 Utah Ave

City State Zip Code
 Nashville TN 37209-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2015

Transaction ID : D08AD17B-1699-4CD8-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George Reiss

Mailing Address 6677 W Thunderbird Rd Ste F101

City State Zip Code
 Glendale AZ 85306-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 8A711C87-CD0B-4DA2-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Rich III

Mailing Address 6231 Leesburg Pike Ste 608

City State Zip Code
 Falls Church VA 22044-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

11 / 30 / 2015

Transaction ID : B2671FF8-0C82-4D9F-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michelle Robison

Mailing Address 1801 Gunbarrel Rd

City

Chattanooga

State

TN

Zip Code

37421-3130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2015

Transaction ID : EC05095A-CFC0-4420-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carlos Rosende

Mailing Address 1611 Braeburn Bend

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 191405A1-22F8-49A2-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jonathan Rubenstein

Mailing Address 1725 W Harrison St Ste 918

City

Chicago

State

IL

Zip Code

60612-3863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 7D12275C-B69B-4C8F-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Ruchman

Mailing Address 1 Reservoir Ofc Park Ste 203

City State Zip Code
 Southbury CT 06488-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.35

Date of Receipt

11 / 30 / 2015

Transaction ID : EE507842-ABEA-4D7A-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Matthew Runde

Mailing Address 3333 Emerald Valley Drive

City State Zip Code
 Onalaska WI 54650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 17 / 2015

Transaction ID : BB112F41-2432-4097-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Gohar Salam

Mailing Address 11188 Diebold Rd

City State Zip Code
 Fort Wayne IN 46845-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 8F3A9BEF-77C7-4FE2-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1406.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Reid Schindler

Mailing Address 4361 E Coronado Dr

City Tucson State AZ Zip Code 85718-1519

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 10AEC94E-9847-4AF7-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. A. Catherine Schwartz

Mailing Address 935 Bellview Rd

City Mc Lean State VA Zip Code 22102-1213

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2015

Transaction ID : CEA78F84-721A-48FF-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Joseph Schwartz

Mailing Address 31455 Winter Place Pkwy

City Salisbury State MD Zip Code 21804-1891

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 25 / 2015

Transaction ID : AD4B6066-5FC4-488C-8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1730.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kekul Shah

Mailing Address 42A Carter Rd

City
Princeton

State
NJ

Zip Code
08540-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 13 / 2015

Transaction ID : B03C6373-ABD4-4653-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Rajesh Shetty

Mailing Address 105 Heron Lake Way

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2015

Transaction ID : 0B0A439F-D30C-4B33-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Harinderjit Singh

Mailing Address 3685 Wheeler Rd Ste 201

City

Augusta

State

GA

Zip Code

30909-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 17F449C5-0656-4370-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Raymond Sjaarda

Mailing Address 6569 N Charles St Ste 605

City State Zip Code
Towson MD 21204-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 14 / 2015

Transaction ID : E09C0B75-2D6F-4228-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alan Solinsky

Mailing Address 1013 Farmington Ave

City State Zip Code
West Hartford CT 06107-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 764A8730-BCA3-4A3D-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Rand Spencer

Mailing Address 2828 Hood St Apt 1603

City State Zip Code
Dallas TX 75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 19 / 2015

Transaction ID : 26D5A250-519A-4557-A

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1565.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Stamper

Mailing Address 10 Koret Way Rm K-301

City	State	Zip Code
San Francisco	CA	94143-0730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 4AC81E43-1CCB-49FF-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Sturm

Mailing Address 360 Merrick Road

City	State	Zip Code
Lynbrook	NY	11563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2015			

Transaction ID : 3E1E2F2F-FF6A-4642-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Prem Subramanian

Mailing Address 1675 Aurora Ct #F731

City	State	Zip Code
Aurora	CO	80045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2015			

Transaction ID : CFE15BB7-DC6C-48AD-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

541.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephanie Sugin

Mailing Address 1201 W Main St Ste 100

City	State	Zip Code
Waterbury	CT	06708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			19			2015					

Transaction ID : 5F3EE508-4E66-4A34-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Russell Swann

Mailing Address 201 Londonderry Dr

City	State	Zip Code
Waco	TX	76712-7931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : A87BF9E4-0B90-46B1-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Gary Tanner

Mailing Address 10 Jacobs Ln

City	State	Zip Code
Newport News	VA	23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			13			2015					

Transaction ID : 68A3864B-584C-415E-8

Amount of Each Receipt this Period

4.17

SUBTOTAL of Receipts This Page (optional)..... ►

399.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Barry Teasley

Mailing Address 103 Cox Blvd

City State Zip Code
 Goldsboro NC 27534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : C0DDB453-2525-48AC-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Vivien Tham

Mailing Address 1401 S Beretania St Ste 560

City State Zip Code
 Honolulu HI 96814-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 25 / 2015

Transaction ID : 0A3D79FE-4C70-4E4C-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Randall Tozer

Mailing Address 9811 N 95th St Ste 101

City State Zip Code
 Scottsdale AZ 85258-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

11 / 25 / 2015

Transaction ID : 582CB CD1-0042-44C4-B

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

1199.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Trent

Mailing Address 3190 Churn Creek Rd

City State Zip Code
Redding CA 96002-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 7FFCCF95-B267-497E-9

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. James Tweeten

Mailing Address 2019JAMES TWEETEN

City State Zip Code
4388576089488756 ID 04

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2015

Transaction ID : E97248E8-7EAF-48AB-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gerard Henderik Van Rens

Mailing Address 1801 Nh Medical Park Dr

City State Zip Code
Wilmington NC 28403-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2015

Transaction ID : 1BE489EE-BE21-41AB-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Vander

Mailing Address 4060 Butler Pike Ste 200

City State Zip Code
Plymouth Meeting PA 19462-1560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 9A961840-6FC3-4EFC-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Verdier

Mailing Address 1000 E Paris Ave SE Ste 130

City State Zip Code
Grand Rapids MI 49546-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2015

Transaction ID : D1BC2013-57A6-4B36-A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Alan Wagner

Mailing Address 5520 Greenwich Rd Ste 204

City State Zip Code
Virginia Beach VA 23462-6541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

11 / 15 / 2015

Transaction ID : 7EA096EB-22FE-4996-8

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1383.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Chi-Lun Charles Wang

Mailing Address 1700 Wawaset St Ste 200

City

Wilmington

State

DE

Zip Code

19806-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	14	/	2015

Transaction ID : DF1CD70C-25C5-48A8-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

458.33

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : 3D990181-3922-4E30-8

Amount of Each Receipt this Period

41.63

Full Name (Last, First, Middle Initial)

C. Barry Welch

Mailing Address 424 Yellowstone Ave Ste 110

City

Cody

State

WY

Zip Code

82414-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : 60EDA48B-7794-426E-8

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

489.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Welch

Mailing Address 526 H Shoup Ave West

City	State	Zip Code
Twin Falls	ID	83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2015

Transaction ID : C9BAAB92-253B-4079-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Charles Wesley

Mailing Address 1321 Helford Lane

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : 6247ED7A-3CB8-4F40-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Andrew Westfall

Mailing Address 2450 12th St SE

City	State	Zip Code
Salem	OR	97302-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2015

Transaction ID : FB425FDA-8D06-4DFF-9

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

929.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Matthew Wheatley

Mailing Address 924 Highland Ave

City
Westfield

State
NJ

Zip Code
07090-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 14 / 2015

Transaction ID : B73F398B-EBE2-4C7D-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Whiting

Mailing Address 7415 Wayzata Blvd., Suite 100

City

Saint Louis Park

State

MN

Zip Code

55426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2015

Transaction ID : A81A760D-F62F-4A41-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wayne Whitmore

Mailing Address 116 E 68th St

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 5BC73963-799A-4EB7-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Peter Whitted

Mailing Address 4353 Dodge St

City

Omaha

State

NE

Zip Code

68131-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 659E210E-71D0-4D39-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Curtis Whittington Jr.

Mailing Address 48 N Broadway Ste A

City

Pennsville

State

NJ

Zip Code

08070-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2015

Transaction ID : DBB5B40E-016C-41EE-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph Wilhelm

Mailing Address 702 W Lake Lansing Rd

City

East Lansing

State

MI

Zip Code

48823-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : F7E056FD-F410-4C45-A

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Byron Wilkes

Mailing Address 1923 Shadow Lane

City

Little Rock

State

AR

Zip Code

72207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	5

Transaction ID : 483A9146-59B2-4FF4-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. John Wolfe

Mailing Address 9901 N 51st PI

City

Paradise Valley

State

AZ

Zip Code

85253-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	5

Transaction ID : 7476570C-AA7D-4E51-A

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. William WongMailing Address Apt C
46-312 Haiku Rd

City

Kaneohe

State

HI

Zip Code

96744-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	5

Transaction ID : 813E30F5-F7D2-40A3-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

691.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lyn Yakubov

Mailing Address 634 Mohawk School Rd

City State Zip Code
 Edinburg PA 16116-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 13 / 2015

Transaction ID : FC4236FC-D1BC-4C55-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marco Zarbin

Mailing Address 26 Sunset Dr

City State Zip Code
 Chatham NJ 07928-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

11 / 09 / 2015

Transaction ID : B1CD0404-9EF7-4C56-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Stanislav Zhuk

Mailing Address 4224 Houma Blvd Ste 160

City State Zip Code
 Metairie LA 70006-2980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 12 / 2015

Transaction ID : 8FF543D5-3BB4-42D8-8

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1265.00

87373.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 77

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
Bank charges - Nov 2015

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : DD08F831CEFB2E29ED4

Amount of Each Disbursement this Period

71.05

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

71.05

71.05
